

# DECLARATION FOR PATENT APPLICATION

Docket Number (Optional)

POSSIS

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CROSSFLOW THROMBECTOMY CATHETER AND SYSTEM, the specification of which

is attached hereto unless the following box is checked:

☐ was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Claimed

☐ Yes ☐ No

☐ Yes ☐ No

(Number)	(Country)	(Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

(Application Number)	(Filing Date)

(Application Number)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Number)	(Filing Date)	(Status -- patented, pending, abandoned)

(Application Number)	(Filing Date)	(Status -- patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Address all telephone calls to	Hugh D. Jaeger	at telephone number	612-475-1880
Address all correspondence to	Hugh D. Jaeger		612-475-2930 FAX
	1000 Superior Blvd., Suite 302		
	Wayzata, MN 55391-1873		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) Michael J. Bonnette  
 Inventor's signature X Michael J. Bonnette Date X 10-11-99  
 Residence Minneapolis, MN 55408 Citizenship US  
 Post Office Address 2733 2nd Avenue South  
Minneapolis, MN 55408

Full name of second joint inventor, if any (given name, family name) John Edward Morris, Ph.D.  
 Second Inventor's signature X John E. Morris Date X 10/12/99  
 Residence Minneapolis, MN 55405 Citizenship US  
 Post Office Address 44 Sheridan Avenue South  
Minneapolis, MN 55405

☒ Additional inventors are being named on separately numbered sheets attached hereto.

DECLARATION FOR PATENT APPLICATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	Attorney Docket:  POSSIS
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this "unsigned" inventor	
Full name of additional inventor (given name, middle initial, family name):  Steven E. Wiesel	Inventor's Signature:  <i>x Steven E. Wiesel</i>	Date:  10-11-1999	
Residence (city, state, country):  Montrose, MN 55363		Citizenship: US	
Post Office Address (street, city, state, zip, country):  130 Center Avenue North Montrose, MN 55363			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this "unsigned" inventor	
Full name of additional inventor (given name, middle initial, family name):  John B. Bridgeman	Inventor's Signature:  <i>x John B. Bridgeman</i>	Date:  10-11-99	
Residence (city, state, country):  Minneapolis, MN 55409		Citizenship: US	
Post Office Address (street, city, state, zip, country):  4922 Aldrich Avenue North Minneapolis, MN 55409			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this "unsigned" inventor	
Full name of additional inventor (given name, middle initial, family name):  Debra M. Kozak	Inventor's Signature:  <i>x Debra M. Kozak</i>	Date:  10-11-99	
Residence (city, state, country):  Forest Lake, MN 55025		Citizenship: US	
Post Office Address (street, city, state, zip, country):  6377 184th Avenue North Forest Lake, MN 55025			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this "unsigned" inventor	
Full name of additional inventor (given name, middle initial, family name):  Rosemary C. Beaupre	Inventor's Signature:  <i>x Rosemary C. Beaupre</i>	Date:  10-11-99	
Residence (city, state, country):  Lino Lake, MN 55014		Citizenship: US	
Post Office Address (street, city, state, zip, country):  7175 Grey Squirrel Road Lino Lakes, MN 55014			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this "unsigned" inventor	
Full name of additional inventor (given name, middle initial, family name):  Mark L. Jenson	Inventor's Signature:  <i>x Mark L. Jenson</i>	Date:  11 Oct 99	
Residence (city, state, country):  Greenville, MN 55357		Citizenship: US	
Post Office Address (street, city, state, zip, country):  4990 71st Lane North Greenville, MN 55357			

DECLARATION FOR PATENT APPLICATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	Attorney Docket:  POSSIS
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this "unsigned" inventor	
Full name of additional inventor (given name, middle initial, family name):  Cindy M. Setum, Ph.D.	Inventor's Signature:  X <i>Cindy M. Setum</i>	Date:  11 Oct 99	
Residence (city, state, country):  Plymouth, MN 55447		Citizenship: US	
Post Office Address (street, city, state, zip, country):  17410 29th Avenue North Plymouth, MN 55447			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this "unsigned" inventor	
Full name of additional inventor (given name, middle initial, family name):  Robert C. Dutcher	Inventor's Signature:  X <i>Robert C. Dutcher</i>	Date:  11 Oct 99	
Residence (city, state, country):  Maple Grove, MN 55369		Citizenship: US	
Post Office Address (street, city, state, zip, country):  14178 88th Place North Maple Grove, MN 55369			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this "unsigned" inventor	
Full name of additional inventor (given name, middle initial, family name):	Inventor's Signature	Date:	
Residence (city, state, country):		Citizenship:	
Post Office Address (street, city, state, zip, country):			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this "unsigned" inventor	
Full name of additional inventor (given name, middle initial, family name):	Inventor's Signature	Date:	
Residence (city, state, country):		Citizenship:	
Post Office Address (street, city, state, zip, country):			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this "unsigned" inventor	
Full name of additional inventor (given name, middle initial, family name):	Inventor's Signature	Date:	
Residence (city, state, country):		Citizenship:	
Post Office Address (street, city, state, zip, country):			

# ASSIGNMENT OF INVENTION (MULTIPLE INVENTORS)

For U.S. and/or Foreign Rights  
For U.S. Application

Attorney Docket:  
  
POSSIS

In consideration of the payment by ASSIGNEE(s) to ASSIGNOR(s) of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration, the undersigned ASSIGNORS (inventors) hereby sell, assign and transfer to ASSIGNEE:

Assignee: Possis Medical, Inc.

Address: 9055 Evergreen Blvd., N.W.  
Minneapolis, MN 55433

Nationality  
US

and the successors, assigns and legal representatives of the ASSIGNEE the entire right, title and interest for the United States and its territorial possessions, and in all foreign countries, including all rights to claim priority in and to any and all improvements which are disclosed in the invention entitled:

CROSSFLOW THROMBECTOMY CATHETER AND SYSTEM

and which is found in

- (a) \_\_\_\_\_ U.S. patent application executed on even date herewith;  
 (b) \_\_\_\_\_ U.S. patent application executed on \_\_\_\_\_;  
 (c) \_\_\_\_\_ U.S. application Serial No. \_\_\_\_\_ / \_\_\_\_\_;  
 (d) \_\_\_\_\_ U.S. Patent No. \_\_\_\_\_ issued \_\_\_\_\_;  
 (e)   x   and any legal equivalent thereof in a foreign country, including the right to claim priority;

and, in and to, all Letters Patent to be obtained for said invention by the above application or any continuation, division, renewal, or substitute thereof, and as to Letters Patent any re-issue or re-examination thereof.

ASSIGNOR hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this Assignment;

ASSIGNOR further covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify as to the same in any interference, litigation or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents thereof which may be necessary or desirable to carry out the purposes thereof.

	ASSIGNORS (Inventors)	SIGNATURE	ADDRESS	NATIONALITY	DATE
1	Michael J. Bonnette	<u>x</u> <i>Michael J. Bonnette</i>	2733 2nd Avenue South Minneapolis, MN 55408	US	<u>x</u> 10-11-99
2	John Edward Morris, Ph.D.	<u>x</u> <i>John E. Morris</i>	44 Sheridan Avenue South Minneapolis, MN 55405	US	<u>x</u> 10/12/99
3	Steven E. Wiesel	<u>x</u> <i>Steven E. Wiesel</i>	130 Center Avenue North Montrose, MN 55363	US	<u>x</u> 10-11-1999
4	John B. Bridgeman	<u>x</u> <i>John B. Bridgeman</i>	4922 Aldrich Avenue South Minneapolis, MN 55409	US	<u>x</u> 10-11-99
5	Debra M. Kozak	<u>x</u> <i>Debra M. Kozak</i>	6377 184th Avenue North Forest Lake, MN 55025	US	<u>x</u> 10-11-99
6	Rosemary C. Beaupre	<u>x</u> <i>Rosemary C. Beaupre</i>	7175 Grey Squirrel Road Lino Lakes, MN 55014	US	<u>x</u> 10-11-99
7	Mark L. Jenson	<u>x</u> <i>Mark L. Jenson</i>	4990 71st Lane North Greenville, MN 55357	US	<u>x</u> 11 Oct 99
8	Cindy M. Setum, Ph.D.	<u>x</u> <i>Cindy M. Setum</i>	17410 29th Avenue North Plymouth, MN 55447	US	<u>x</u> 11 Oct 99
9	Robert C. Dutcher	<u>x</u> <i>Robert C. Dutcher</i>	14178 38th Place North Maple Grove, MN 55369	US	<u>x</u> 11 Oct 99

**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS**  
**(37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN**

Docket Number (Optional)

POSSIS

Applicant or Patentee: Bonnette, et al.  
Serial or Patent No.: \_\_\_\_\_  
Filed or Issued: \_\_\_\_\_  
Title: CROSSFLOW THROMBECTOMY CATHETER AND SYSTEM

I hereby declare that I am

- ☐ the owner of the small business concern identified below:  
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN Possis Medical, Inc.  
ADDRESS OF SMALL BUSINESS CONCERN 9055 Evergreen Blvd., N.W.  
Minneapolis, MN 55433

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☒ the specification filed herewith with title as listed above.  
☐ the application identified above.  
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

- ☐ no such person, concern, or organization exists.  
☐ each such person, concern or organization is listed below.

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Robert G Dutcher  
TITLE OF PERSON IF OTHER THAN OWNER President & CEO  
ADDRESS OF PERSON SIGNING 14178 88th Place N, Minneapolis, MN 55369  
SIGNATURE X Robert G. Dutcher DATE X 11 Oct 99



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

JANUARY 27, 2000.

PTAS

HUGH D. JAEGER  
1000 SUPERIOR BLVD.  
SUITE 302  
WAYZATA, MN 55391



\*101188786A\*

UNITED STATES PATENT AND TRADEMARK OFFICE  
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 10/13/1999

REEL/FRAME: 010337/0429  
NUMBER OF PAGES: 2

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

BONNETTE, MICHAEL J.

DOC DATE: 10/12/1999

ASSIGNOR:

MORRIS, JOHN EDWARD

DOC DATE: 10/12/1999

ASSIGNOR:

WIESEL, STEVEN E.

DOC DATE: 10/12/1999

ASSIGNOR:

BRIDGEMAN, JOHN B.

DOC DATE: 10/12/1999

ASSIGNOR:

KOZAK, DEBRA M.

DOC DATE: 10/12/1999

ASSIGNOR:

BEAUPRE, ROSEMARY C.

DOC DATE: 10/12/1999

ASSIGNOR:

JENSON, MARK L.

DOC DATE: 10/12/1999

RECEIVED

FEB 03 2000

LAW OFFICE OF  
HUGH D. JAEGER, P.C.

ASSIGNOR:

SETUM, CINDY M.

DOC DATE: 10/12/1999

ASSIGNOR:

DUTCHER, ROBERT C.

DOC DATE: 10/12/1999

ASSIGNEE:

POSSIS MEDICAL, INC.  
9055 EVERGREEN BLVD., N.W.  
MINNEAPOLIS, MINNESOTA 55433

SERIAL NUMBER: 09417395

FILING DATE: 10/13/1999

PATENT NUMBER:

ISSUE DATE:

SHAREILL COLES, EXAMINER  
ASSIGNMENT DIVISION  
OFFICE OF PUBLIC RECORDS

MRD 10/13/99

11-01-1999

FORM PTO-1595  
(Rev. 6-93)

RECO



EET

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

OMB No. 0651-0011 (exp. 4/94)

Tab settings ☐ ☐ ☐ ☐ ▼

101188786

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

## 1. Name of conveying party(ies):

Michael J. Bonnette  
John Edward Morris, Ph.D.  
Steven E. Wiesel  
John B. Bridgeman  
Debra M. KozakRosemary C. Beaupre  
Mark L. Jensen  
Cindy M. Setum, Ph.D.  
Robert C. DutcherAdditional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

## 2. Name and address of receiving party(ies)

Name: Possis Medical, Inc.9055 Evergreen Blvd., N.W.Minneapolis, MN 55433

## 3. Nature of conveyance:

☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Other \_\_\_\_\_Execution Date: 10-12-99Additional name(s) & address(es) attached? ☐ Yes ☒ No4. Application number(s) or patent number(s): 09/417395If this document is being filed together with a new application, the execution date of the application is: 10-12-99

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☐ No

## 5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Hugh D. Jaeger

Internal Address: \_\_\_\_\_

6. Total number of applications and patents involved: 17. Total fee (37 CFR 3.41).....\$ 40.00☒ Enclosed☒ Authorized to be charged to deposit account  
additional  
10-0230

## 8. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

0/22/15 ST-00000078 09417395

5 FC:581 1000 Superior Blvd Suite 302

City: Wayzata State: MN ZIP: 55391

DO NOT USE THIS SPACE

## 9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Hugh D. Jaeger

Name of Person Signing

Hugh D. Jaeger  
Signature10.13.99

Date

Total number of pages including cover sheet, attachments, and document: 1



FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/417,395	10/13/99	3734	\$981.00 POSSIS		26	55	7

021270  
HUGH D JAEGER  
1000 SUPERIOR BLVD  
SUITE 302  
WAYZATA MN 55391-1873



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)** MICHAEL J. BONNETTE, MINNEAPOLIS, MN; JOHN EDWARD MORRIS, MINNEAPOLIS, MN; STEVEN E. WIESEL, MONTROSE, MN; JOHN B. BRIDGEMAN, MINNEAPOLIS, MN; DEBRA M. KOZAK, FOREST LAKE, MN; ROSEMARY C. BEAUPRE, LINO LAKE, MN; MARK L. JENSON, GREENVILLE, MN; CINDY M. SETUM, PLYMOUTH, MN; ROBERT C. DUTCHER, MAPLE GROVE, MN.

CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CIP OF 08/349,665 12/05/94  
WHICH IS A DIV OF 08/006,076 01/15/93 PAT 5,370,609  
WHICH IS A CON OF 07/563,313 08/06/90 ABN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/04/99 \*\* SMALL ENTITY \*\*  
TITLE  
CROSSFLOW THROMBECTOMY CATHETER AND SYSTEM

PRELIMINARY CLASS: 604

RECEIVED

NOV 15 1999

U.S. OFFICE OF  
HUGH D. JAEGER, P.A.

DATA ENTRY BY: BLACK, NICOLE

TEAM: 03 DATE: 11/04/99



(See reverse for new important information)